

Read time: 3 mins

Understanding invoicing

If you're a general practitioner, nurse, nurse practitioner, or paramedic, we can contribute to two parts of your treatment services — a consultation rate and a procedure code.

Here's how to make sure you're getting paid for both the consultation and procedure (if administered).

Consultation rates and codes

A consultation rate is for an examination or assessment of a patient with an injury covered by us.

This includes:

- √ in-person visits and telehealth consultations
- treatment for minor injuries such as superficial burns or grazes
- minor procedures e.g:
 - remove dressings
 - check for infection
 - redress minor abrasions
 - remove splints or plaster casts.

Full list of codes and rates

The 'medical practitioners, nurses, nurse practitioners, and paramedics costs schedule' provides a full list of approved consultation and procedure codes.

acc.co.nz/paying-patient-treatment

Telehealthcodes can be found on our website. acc.co.nz/providing-services-via-telehealth

Procedure codes

A procedure code is for specific treatments or procedures a patient recieves during a consultation or visit.

Procedure codes can be claimed when a practitioner manages an injury-related need that requires a significant amount of time, e.g. cleaning and debriding wounds, and significant wound dressings.

- MW codes can be claimed when an open wound is closed using a material such as glue, Steri-Strip, or sutures. This code includes any required cleaning or anaesthetising of the wound before closure and the adminisration of a tetanus booster vaccine.
- ✓ MB codes can be claimed when managing a:
 - burn
 - significant abrasion
 - wound that can't be closed but needs significant cleaning or dressing.

Procedure codes can be changed at a later consultation or visit where another procedure is needed to manage the same wound. E.g. a laceration that was initially sutured (MW code), becomes infected. The sutures are removed, and dressings are required to heal the wound (MB code).

Consultation rates and codes

	General Practitioner (GP)	Nurse Practitioner (NP)	Nurse (registered)	Combined GP and Nurse	Combined NP and Nurse	Paramedic
Patient aged under 14 years old	GP14	NU14	NC14	GN14	NN14	PM14
Patient aged 14 years and over	GP1 (CON)	NUPI	NCON	GPN	NNI	PM1
Community Service Card (CSC) holder	GPCS	NUCS	NCCS	GNCS	NNCS	PMCS
CSC holder dependent — 14-17 years	GPCD	NUCD	NCCD	GNCD	NNCD	PMCD

How to invoice us

Treating provider	Treatment	Different injuries/different treatments	Same injury/different treatment
GP, nurse, NP or paramedic	 Consultation rate Procedure needed to treat the injury 	 Consultation rate 100% of most expensive procedure 50% rate for each other procedure needed 	 Consultation rate Most expensive procedure needed to treat the injury only
Joint consultation — both GP and nurse, or NP and nurse work together to treat the patient at same consultation or visit	 Joint consultation rate Procedure needed to treat the injury 	 Joint consultation rate 100% of most expensive proceure 50% rate for each other procedure needed 	 Joint consultation rate Most expensive procedure needed to treat the injury only

For nurse and medical practitioner/nurse practitioner working separately on multiple treatments or procedures during joint consultation:

Nurse invoices

- Joint consultation rate*
- 100% of most expensive procedure given by the nurse
- 50% of the amount in the rate for each other procedure given by the nurse.

Medical practitioner/nurse practioner invoices

- Joint consultation rate
- 100% of most expensive procedure given by the medical practitioner/nurse practitioner
- 50% of the amount in the rate for each other procedure given by the medical practitioner/ nurse practitioner.





^{*}use the medical practitioner's or nurse practitioner's provider number when you invoice for joint consultations.